

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099031

FILED
Jul 10, 2008
Secretary of State

Entity Name: SAI JALARAM PROPERTIES I LLC

Current Principal Place of Business:

701 S OCEAN BLVD
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

701 S OCEAN BLVD
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 20-3779184 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

THACKER, VIBHA
701 S OCEAN BLVD
POMPANO BEACH, FL 33062 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: THACKER, VIBHA
Address: 701 S OCEAN BLVD
City-St-Zip: POMPANO BEACH, FL 33062

Title: MGR () Delete
Name: THAKKER, HARSHAD
Address: 227 SE 3RD STREET
City-St-Zip: POMPANO BEACH, FL 33060

Title: MGR () Delete
Name: MALPANI, VIJAYA
Address: 1617 QUEENSTOWN ROAD
City-St-Zip: OKLAHOMA CITY, OK 73116

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: VIBHA THACKER

MGR

07/10/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date